

Part 1B SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the Medicinal Product

Neo-Naclex 5 mg Tablets
Bendroflumethiazide Tablets 5 mg BP

2. Qualitative and Quantitative Composition

Each tablet contains 5 mg Bendroflumethiazide.

3. Pharmaceutical Form

Tablet.

4. Clinical Particulars

4.1 Therapeutic Indications

Essential hypertension

Used as the sole anti-hypertensive agent, or as an adjunct to other anti-hypertensive drugs.

Oedema

Used to inhibit renal tubular absorption of salt and water and cause diuresis in congestive heart failure, nephrotic syndrome, and cirrhosis of the liver.

4.2 Dosage and Method of Administration

Adults:-essential hypertension- 2.5 mg in the morning. Higher doses are rarely necessary. May be used in conjunction with other anti-hypertensive drugs.

Oedema-5mg –10mg 1-3 times weekly, in the morning.

Maintenance-a daily dose of 5 mg on only two or three days per week may be adequate.

Elderly: as for adults, but dosage may need to be reduced because the elderly are particularly sensitive to the effects of thiazides on blood pressure and electrolytes. Administration of potassium supplements is important for the elderly.

Children: Up to 12 years of age, 50 to 100 mcg/kg body weight.

Method of administration: Oral.

4.3 Contraindications

Hypersensitivity to thiazides or other sulphonamide-like drugs. Severe renal or hepatic disease. Addison's disease. Diabetic keto-acidosis, hyperkalaemia, hypercalcaemia. Bendroflumethiazide must not be given concurrently with lithium carbonate.

4.4 Special Warnings and Special Precautions for Use

When treatment is intensive or continuous, periodic serum electrolyte determinations must be made. Some loss of potassium may occur, and if so potassium chloride supplements are required. Such supplements are particularly important if patients have vomiting or diarrhoea, or an acute febrile or chronic illness, especially cirrhosis and heart failure. Supplementary potassium is required to prevent hypokalaemia and arrhythmias, or ECG changes in patients receiving digitalis with prolonged diuretic therapy. It is required also for patients having concomitant carbenoxolone or corticosteroids, for patients at risk of myocardial infarction, as well as for patients requiring cardiac surgery.

Potassium depletion may cause polyuria, malaise, muscle weakness and cramp, decreased tendon reflexes, anorexia, dizziness, nausea and vomiting, increased sensitivity to digitalis and signs of overdosage.

Prolonged potassium depletion may induce chronic pyelonephritis, and for this reason renal function should be monitored.

With prolonged Bendroflumethiazide therapy, glycosuria and polyuria should be monitored. Renal function must be monitored in patients with renal insufficiency. Potassium supplements must not be given to patients with renal insufficiency complicated by hyperkalaemia. The possibility of magnesium depletion should be considered in patients treated long term.

In patients with cirrhosis of the liver, thiazides may precipitate hepatic encephalopathy. Thiazides may aggravate existing diabetes mellitus, and cause symptoms in patients with latent disease. Diabetic control may be impaired in patients treated with sulphonylureas. Thiazides should be used with caution in patients with systemic lupus erythematosus.

Serum uric acid levels may be raised in some patients, with or without gout, treated with Bendroflumethiazide

Thiazides may cause, or aggravate, hyperlipidaemia, and pancreatitis may occur.

The elderly are sensitive to the effects of thiazides on blood pressure and electrolytes, and potassium supplementation is particularly important in these patients.

Male patients with prostatic hypertrophy may develop acute urinary retention.

4.5 Interaction with Other Medicaments and Other Forms of Interaction

Sulphonylureas- diabetic control impaired.

Lithium carbonate- potential lithium toxicity.

Halothane anaesthesia- increased hypotensive effect.

Tubocurarine- increased sensitivity to this in hypokalaemia. Plasma potassium must be monitored before use.

Carbenoxolone, indomethacin, phenylbutazone, corticosteroids- antagonism and hypokalaemia, therefore monitor plasma potassium, give potassium supplements as required.

Other thiazides, barbiturates, alcohol, beta blockers, ACE inhibitors, calcium antagonists, MAOI's, narcotics- enhanced hypotensive effect.

Allopurinol- severe hypersensitivity vasculitis can occur in patients with renal dysfunction.

Cardiac glycosides- hypokalaemia, increased toxicity to glycosides, antagonism of anti-arrhythmia drugs.

Drugs/disease causing potassium imbalance-increased imbalance, hypokalaemia.

NSAID's- potential nephrotoxicity increased.

4.6 Pregnancy and Lactation

Pregnancy: Bendroflumethiazide should be avoided during pregnancy. Hypovolaemia, increased blood viscosity and reduced placental perfusion may occur, risk of acute haemorrhagic pancreatitis.

Lactation: Breast feeding should be avoided.

4.7 Effects on Ability to Drive and Use Machines

When driving vehicles or operating machines it should be taken into account that dizziness may occur.

4.8 Undesirable Effects

Electrolyte imbalance. Disturbance of acid-base balance, lipids, glucose and uric acid levels. Thirst, polyuria, weakness, dizziness, muscle cramps, reversible impotence, nausea, vomiting, mild anorexia, gastric irritation, diarrhoea or constipation, skin rashes or reactions,

purpura, blood dyscrasias including thrombocytopenia, hypocalciuria, precipitation of gout, pancreatitis, hepatic encephalopathy, postural hypotension.

4.9 Overdose

In the case of recent ingestion, gastric lavage should be instituted.

Activated charcoal may help reduce absorption. Overdosage may present as CNS depression (drowsiness, lethargy, coma) without cardiovascular or respiratory depression. Hypovolaemia, hyperkalaemia, and mild hypoglycaemia may be present.

Treatment is symptomatic, particularly for fluid and electrolyte replacement. Monitor fluids, electrolytes, blood pressure, and renal function. Hyponatraemia should be treated with water deprivation: rather than by administration of sodium chloride. Cathartics should be avoided.

5. Pharmacological Properties

5.1 Pharmacodynamic Properties

Bendroflumethiazide exhibits its diuretic effect as a result of sodium and chloride reabsorption from the distal convoluted tubule of the kidney.

Bendroflumethiazide lowers both standing and supine blood pressure. The mode of action on hypertension is not known completely.

5.2 Pharmacokinetic Properties

Bendroflumethiazide is completely absorbed after oral administration. Plasma concentration of Bendroflumethiazide peaks at 2 hours and is not greatly affected by food. Plasma elimination half-life averages 8 hours. About 30% is excreted unchanged in the urine within 48 hours. Plasma protein binding is high.

5.3 Pre clinical Safety Data

No further data of relevance.

6. Pharmaceutical Particulars

6.1 List of Excipients

Lactose BP
Maize starch BP
Silicon dioxide
Gelatin BP
Sterilised talc BP
Magnesium stearate BP
Purified water BP

6.2 Incompatibilities

See 4.5 interactions with other medicaments.

6.3 Shelf-life

24 months

6.4 Special Precautions for Storage

Do not store above 25°C and protect from light.

6.5 Nature and Contents of Container

Polypropylene container with tamper-evident polyethylene lid, containing 28, 56, 100, 112, 500 or 1000 Bendroflumethiazide 5mg tablets.

6.6 Instructions for Use/Handling

None.

- 7. Name or style and permanent address or registered place of business of the holder of the marketing authorisation**
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Croydon. Surrey. CR0 OXT.
- 8. Marketing Authorisation Number**
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- 9. Date of First Authorisation**
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